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PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 06551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

AI  
SFN

**NOTICE OF APPEAL FROM THE EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)  
03-029-JH

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]

on October 10, 2006

Signature \_\_\_\_\_

Typed or printed  
Name Daniel N. Smith

In re Application of John Higgins

|   |                            |
|---|----------------------------|
| Application Number<br><u>10/663,931</u> | Filed<br><u>09/16/2003</u> |
|---|----------------------------|

For Wallet Pill Card

|                               |                                  |
|-------------------------------|----------------------------------|
| Group Art Unit<br><u>3728</u> | Examiner<br><u>Bui, Luan Kim</u> |
|-------------------------------|----------------------------------|

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 12-0115. I have enclosed 3 copies of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.

attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

Signature

Daniel N. Smith

Typed or printed name

(617) 720-0091

Telephone number

10/10/2006

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\* Total of 3 forms are submitted.

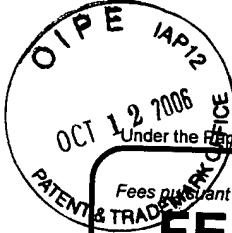
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

10/12/2006 CNGUYEN 00000058 10663931

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250.00 OP

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 250.00)

**Complete if Known**

|                      |               |
|----------------------|---------------|
| Application Number   | 10/663,931    |
| Filing Date          | 9/16/2003     |
| First Named Inventor | John Higgins  |
| Examiner Name        | Bui, Luan Kim |
| Art Unit             | 3728          |
| Attorney Docket No.  | 03-029-JH     |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 12-0115 Deposit Account Name: Lambert & Associates  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|---------------------|-----------------|-----------------|
|                     | - 20 or HP =        | x               | =                    | 50                  | 25              |                 |
|                     |                     |                 |                      | 200                 | 100             |                 |
|                     |                     |                 |                      | 360                 | 180             |                 |

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|
| - 3 or HP =          | x                   | =               |                      |                                  |

HP = highest number of independent claims paid for, if greater than 3.

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|--------------------------------|----------------------|
|                     | - 100 =             | / 50 =  | (round up to a whole number) x | =                    |
|                     |                     |   |                                |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): NoneFees Paid (\$)

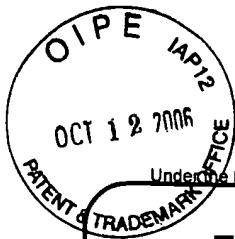
\$250.00

**SUBMITTED BY**

|                   |                 |   |                        |
|-------------------|-----------------|---|------------------------|
| Signature         |                 | Registration No.<br>(Attorney/Agent) 56,445 | Telephone 617-720-0091 |
| Name (Print/Type) | Daniel N. Smith |   | Date 10/10/06          |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

|                      |               |
|----------------------|---------------|
| Application Number   | 10/663,931    |
| Filing Date          | 9/16/2003     |
| First Named Inventor | John Higgins  |
| Art Unit             | 3728          |
| Examiner Name        | Bui, Luan Kim |

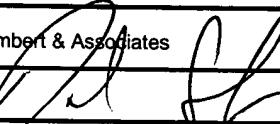
Attorney Docket Number

03-029-JH

## ENCLOSURES (Check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| Remarks  |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Lambert & Associates  |          |        |
| Signature    |  |          |        |
| Printed name | Daniel N. Smith   |          |        |
| Date         | 10/10/06  | Reg. No. | 56,445 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |   |      |          |
|-----------------------|---|------|----------|
| Signature             |  |      |          |
| Typed or printed name | Daniel N. Smith   | Date | 10/10/06 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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